

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

401638883

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2			1			
3			1			
4			1			
5			1		1	-
6			1		1	-
7			1		1	-
8			1		1	-
9			1		1	-
10			1		1	-
11					1	-
12					1	-
13					1	-
14					1	-
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49						
50						
TOTAL IND.			1		1	
TOTAL DEP.		←	8	←	8	←
TOTAL CLAIMS			9		9	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.		←			←	←
TOTAL CLAIMS			9		9	